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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Sec Division of Corp	orations		
SUBJE	. S	inger -	ISTAND Dec	o. LLC
SUDJE	<u> </u>	Name of Limi	ted Liability Company	
The en	closed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	idence concerning this matter	to the following:	
		REBEW	Name of Person	∪ <i>V</i>
			Name of Person	
	•	SINGE	Pirm/Company	Dev.
			Pennsyl VaniA	
		Miami	BEACH, PL City/State and Zip Code)	33139
			OLINA @ GMA o be used for future annual report notific	
For fur	ther information co	ncerning this matter, please c	all;	
R_{l}		Molina	at (786) 357 - Area Code & Daytime	0888
	Name of	Person	Area Code & Dayume	etephone Number
Enclose	ed is a check for the	following amount:		
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company set it now annears on our records.) (Name of the Limited Liability Company) SECRETARY OF STAT the Articles of Organization for this Limited Liability Company were filed on STATE AND ST		OF SPMENT
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his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailling address MAY BE A POST OFFICE BOX If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address New Registered Agent: New Registered Agent New Registered Agent: New Registered Agent New Registered New Registered Agent New Registered New Regis		(A Florida Limited Liability Company) SECRETARY OF OTHER
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If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> Name <u>Address</u> Type of Action MGR REBELA DEAN CREMOVE) Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 28 Signature of a member or authorized representative of a member REDECA I. Molina Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00